

Agencies Assuring Maternal Health Care (AAMHC) Audit Tool 2022-2023

Health Department: _____ Date: _____

Reviewers: _____

Local Health Departments (LHD) that do not provide prenatal care (PNC) must submit an assurance plan that clearly outlines how women who reside in its respective county will receive services. Please refer to the Guidelines for LHD Assurance of Low Risk Maternal Health Services [found on the Women, Infant and Community Wellness Section website.](#) **This plan must be included with the signed Maternal Health Agreement Addendum each fiscal year to be reviewed by the Women’s Health Branch (WHB) staff.** All LHD will ensure the following:

The Local Health Department (LHD) shall ensure the provision of the following, whether they provide prenatal care (PNC) or not:

		Yes/No
		<i>Please answer:</i>
5. a	Provide pregnancy testing and referral as appropriate.	
6.a	A Memoranda of Understanding (MOU) with a local healthcare provider that has been signed within the last 3 years	
6. a.1	Clients at or below 100% of the Federal Poverty Level are not charged for prenatal care by the contracting agency	
	Audit done of assuring agency, if MOU is with an agency other than another local health department. The requirements of the audit should be based on the terms outlined in the MOU.	

Staff Requirements and Training

Agencies providing or assuring prenatal services must meet the following requirements or have the following policies:

		Yes/No
		<i>Please answer:</i>
		NA
J1	The Maternity Nurse Supervisor, Care Managers for Care Management for High Risk Pregnancies (CMHRP), Health and Behavior Intervention Supervisor and Clinical Social Workers shall have active electronic mail membership and direct access to the Internet. Maternal Health Care funds can be used to finance and maintain hardware, software and subscription linkage to current local market values. The Internet connection enables participation in Women’s Health Branch list serves, use of the VirtualHealth documentation system, and CareImpact, as well as access to other technical resources and to maternal health materials.	

Quality Assurance

Please answer:

**Yes/No
NA**

B2	Report interruption of services or inability to meet quality assurance deliverables within 14 days to the Maternal Health Branch State Nurse Consultant.	
B3	Use of interpreter services for all maternal health programs.	
B4	Demonstrate excellence in customer friendly services as evidenced by policies, training, and/or annual patient satisfaction surveys.	
B5	All staff, clinical and non-clinical, shall participate in at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.	

Policies/Procedures

The Local Health Department shall develop and follow policies or procedures for facilitating early entry into prenatal care for the following:

Please answer:

**Yes/No
NA**

C1	Follow-up of positive pregnancy test to assure patient has access to healthcare provider.	
C3	Referral to Women, Infants and Children (WIC) upon confirmed results of a positive pregnancy test. (Federal WIC Regulations, 246.4)	
C4/C5	Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all patients requesting this service.	
C9	Provision of community and patient maternal health education services within the jurisdiction of the Local Health Department. Education services shall promote healthy lifestyles for positive pregnancy outcome.	
C23	All standing orders or protocols developed for nurses in support of this program must be written with the NC Board of Nursing components. All LHD shall have a policy in place that supports nurses working under standing orders.	

Other Possible Services:

Yes/No/NA

A3	Provide or make referrals for nutrition consultation, education on infant feeding, childbirth, and parenting education for low-income families. These referrals must be documented in the maternal health record for patients receiving prenatal care. The LHD that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid patients as part of their use of Healthy Mothers, Healthy Children funding must provide these services in accordance with DMA Clinical Coverage Policy 1M-2, Childbirth Education).	
	Funded by another source: Childbirth education activities not being billed to Medicaid or funded through Healthy Mothers, Healthy Children funding, such as those supported by funders such as Smart Start, are not subject to these requirements and may follow the standards agreed upon between the funder and the LHD.	
A4	The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (DMA Clinical Coverage Policy No. 1M-6, Amended December 2019)	